

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Fitch
10929
State File No.
Registrar's No. 211

Registration District No. 318

Primary Registration District No. 2601

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1004 S. Fremont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community.
years, months or days) 257

8. (a) PRINT FULL NAME Frank M. Adams Sr.

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ella Adams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 29 hr. min.

9. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Tool Foreman

11. Industry or business Frisco R.R.

MOTHER FATHER { 12. Name James Adams
13. Birthplace Maine
(City, town, or county) (State or foreign country)
14. Maiden name Rosenna
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Adams
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer 270
(b) Address Springfield, Mo.

19. (a) 3/2/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town 1004 S. Fremont
(If outside city or town limits, write "RURAL")
(d) Street No. Springfield
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1940 hour 11 minute 45 a. M.

21. I hereby certify that I attended the deceased from 2/15/40
to 3/1 1940
that I last saw h. 1/4 alive on 3/1
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion
Arterio-Sclerosis

Due to 94 B.

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. M. Fitch (M. D. or other) IMO
Address Springfield Mo Date signed 3/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. Edwin German

Licensed Embalmer No.

3177

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.